

	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE		
	DATE OF ISSUE	EFFECTIVE DATE	NUMBER
SUBJECT	BY		
Complex Case Planning	Harriet Dichter, Secretary, Department of Public Welfare Kevin Casey, Deputy Secretary for Developmental Programs Richard J. Gold, Deputy Secretary for Children, Youth and Families Michael Nardone, Deputy Secretary for Medical Assistance Sherry Snyder, Acting Deputy Secretary for Mental Health and Substance Abuse Services		

SCOPE:

- County Chief Juvenile Probation Officers
- County Children and Youth Social Service Agencies
- County Mental Health/Mental Retardation Administrators
- County Child and Adolescent Service System Program (CASSP) Coordinators
- Office of Developmental Programs (ODP) Administrative Entities
- ODP Supports Coordination Organizations
- Behavioral Health Managed Care Organizations (BHMCOS)
- Physical Health Managed Care Organizations (PHMCOS)

PURPOSE:

The purpose of this bulletin is to provide guidance to all county agencies and managed care organizations that are involved in case planning for children¹ with complex issues up to age 21.

BACKGROUND:

The Department of Public Welfare (DPW) seeks to provide a comprehensive approach to serving children, birth to 21 years of age, through programs that focus on long-term prevention, early intervention, and services that support family stability, safety, community protection and healthy child development.

A comprehensive and effective system of care recognizes that children and adolescents with safety, emotional and behavioral needs often require services from more than one child-serving system. For example, a child with a behavioral health need may be in a school setting, while also receiving services from the child welfare, juvenile justice, or health care system due to emotional, social or physical needs. Effective planning takes into account the strengths of the child and family, the multitude of needs and engages the various human service agencies responsible for assisting the child and family.

At the state level, departments and agencies with programs serving children collaborate on children's issues. These include program offices in the Department of Public Welfare (Office of Child Development and Early Learning; Office of Children, Youth and Families; Office of Development Programs; Office of Medical Assistance Programs and Office of Mental Health and Substance Abuse Services), the Juvenile Court Judges' Commission, the Office of Health Promotion and Disease Prevention in the Department of Health (maternal and child health, drug and alcohol programs), the Office of Elementary and Secondary Education in the Department of Education, and the Bureau of Vocational Rehabilitation in the Department of Labor and Industry.

At the county level there are diverse structures for serving the needs of children. Each county agency has a local process for developing plans and delivering services to children based on the needs assessment of the individual agency. Many counties have developed a cross agency process to support children when the needs identified require the expertise of multiple systems. Counties have also created ways to engage systems outside the county human service system in the planning process including education and physical health. Counties continue to revise these local planning processes as they strive to more efficiently serve children with complex needs in the least restrictive setting.

To make certain that children are receiving comprehensive coordinated services at the county level, the Department implemented the Integrated Children's Services Planning process in 2004. Integrated planning calls for all child-serving systems within a county to plan together as one system in which appropriate services can be accessed

¹ Throughout this document the term "child" or "children" refers to anyone up to the age of 21, including older youth.

regardless of what "door" a child may initially enter. This planning process is an integral first step toward building a holistic approach to servicing the individual and family.

Though most planning for children's needs occurs at the county level, there are times when services and programs are not integrated across systems. When situations arise where children with multi-system needs are receiving services from more than one categorical office, and a viable solution that addresses all the child's needs cannot be reached, the Department will provide assistance to counties to address these complex situations either at the regional or state level.

DISCUSSION:

Service Planning

Service planning should start where the family and children are located, at the local level. Whenever possible, services should be delivered in the child's home community, drawing on formal and informal resources and supports to promote the child's successful participation in the community. Services must take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

Services should be planned to meet the individual needs of the child and family, rather than to fit the child into an existing service. Services should be developmentally appropriate and child specific, they should consider the child's family and community structure, and build on the strengths of the child and family to meet the developmental, social, physical and behavioral health needs of the child. Services should be planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family should collaborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress. Moreover, planning is not a static "once and done" activity; it is an ongoing process from the moment a child and family enter a service door, throughout the timeframe of need until effective discharge and/or when the child transitions out of the child service system.

Pennsylvania is fortunate to have a wide array of services and supports for youth and their families that can be accessed at the county level. These resources and supports include not only behavioral, developmental and physical health professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks. The current array of services includes the following, generally listed in order from least restrictive to most restrictive:

Case Management/Prevention/Intervention Services

- Resource/service coordination
- Individual, group and family interventions, practices and services
 - Youth Directed Transition Planning
 - Family Group Decision Making

- Hi Fidelity Wraparound (Youth and Family Teams)
- Family Engagement in Case Planning
- Transitional Living/Independent Living
- Supports Coordination
- Peer Support
- Screening and Assessment
- Intensive Case Management
- Child Protective Services (CPSL)
- Prevention/Intervention Services (Drug and Alcohol)
- Early Intervention
- Early Childhood Mental Health Consultation
- Student Assistance Program
- School-to-Work Transition Services

Outpatient Therapy or In Home/Community-Based Services

- Intensive Outpatient (Drug and Alcohol)
- School-based Behavioral Health Services
- Behavioral Health Rehabilitation Services, including Behavioral Specialist Consultant, Mobile Therapy, Therapeutic Staff Support; Summer Therapeutic Staff Support; and individualized program exception services.
- Family-Based Mental Health Services
- Day Treatment Programs
- Crisis Intervention Services (includes Respite)
- Evidence Based Practices, including Multisystemic Therapy (MST), Multi-dimensional Treatment Foster Care (MTFC), and Functional Family Therapy (FFT)
- Partial Hospitalization

Residential Programs

- Adoption Assistance and Services
- Therapeutic Foster Care
- Foster Care/Kinship Care
- Respite
- Community Residential Rehabilitation Services
- Community Living Arrangements
- Emergency Shelter
- Residential Treatment Facilities (some also provide Drug and Alcohol services)
- Non-hospital Residential (Drug and Alcohol detoxification, Rehabilitation, “halfway house”) Inpatient Hospitalization (Mental Health, also Drug and Alcohol detoxification or rehabilitation based on medical necessity)

Complex Services Planning- County Level

Although the majority of the time cases can be competently served through the county planning process outlined above, there are some cases where a child’s needs are

complex and call for intricate planning at a much broader level than the discrete agencies involved in addressing immediate presenting needs. In these complex cases, the Department recommends that in addition to the minimum requirement of the necessary agencies coming together to develop the specific child plan, all human services agencies that serve children in the county come together as one team to discuss the complex case. It is the Department's expectation that a joint county team approach that treats each complex child as a member of the community rather than a child served by specific agencies in the county will enable the county to resolve the many issues that surround serving complex children at the county level.

Effective complex planning at a county level requires the county team to take a collaborative, innovative and flexible approach to meeting the needs of the child and family. Additionally, effective planning requires county teams to be proactive as opposed to reactive, *e.g.*, planning should occur the moment the child's needs are identified not at the time of a crisis or when a youth is preparing to transition from the child serving system(s).

Complex Services Planning- County-State Joint Level

The Department recognizes that, in spite of all best efforts at the county level, there will be cases which cannot be resolved by local teams and therefore will require additional support or intervention at a higher level. When it is determined by county representatives that all local options, solutions and / or resources have been exhausted, these cases should then be referred to the appropriate Regional Office for assistance. Any local agency can refer a case to the regional office for assistance. Although the Department encourages ongoing efforts to resolve issues at the county level, it is imperative that, once the county has determined the need for assistance, the Regional Office be notified in a timely manner.

The Department's regional staff will assist the county representatives in connecting to coordination teams at the Departmental level that are structured to handle issues involving children with multi-system, complex funding, physical health and/or behavioral health related needs. For example, currently if there are issues involving primarily behavioral health and children and youth, developmental disabilities and/or juvenile justice the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Children, Youth and Families (OCYF) have a coordination team that works with appropriate local authorities to resolve the issue. If an issue involves medically fragile children who are aging out of Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services and require continuing care and services, the Resource Facilitation Team works to effectively transition the youth into adult services. Additionally the Department works with members of the Office of Long Term Living and the Department of Health whenever complex issues arise concerning children with traumatic brain injuries. Though we expect that most cases will escalate normally through this process from the county to the regional / state level for assistance, we recognize that case planning often does not move sequentially, and at times it may be necessary for a county agency to contact the Department directly.

Complex Services Planning – State Level

In the event that a complex case cannot be resolved through the assistance of regional office and department coordination teams, the complex case will be forwarded for review to the Department Complex Case Review Coordination Team. The Department Complex Case Review Coordination Team reviews any case that cannot be resolved at the county / state joint coordination level and which meets the review criteria set forth below.

The Complex Case Review Coordination Team is comprised of cross-functional team members from the Department's program offices, managed care organizations and county agencies, depending on the case being reviewed. The team meets bi-weekly, as necessary to discuss, strategize and escalate resolution for complex cases presented for review.

Often the identified solution requires a Deputy Secretary level review and commitment of DPW resources, program, staff or dollars. The process assumes a shared responsibility and urgency between the different programs for individuals that do not fit neatly into one program office's responsibility. With this in mind, the resulting recommendations may require financial commitments from multiple entities and flexibility across programs as we work to develop services that best meet the needs of the person.

Criteria considered in determining whether a case will be considered by the Department Complex Case Review Coordination Team include any of the following:

- The clinically appropriate solution requires support from multiple program offices/ agencies or stakeholders who together cannot agree on a solution
- The funding solution comes from multiple sources; which may include external entities.
- The case involves a child aging out of a program where the case includes additional complexity that renders them unresolvable through the established county or regional office processes.

Complex Case Service Planning - Checklist

The Department created the following checklist in order to ensure efficient and effective facilitation of the various steps involved in complex case planning. This checklist is to be used as a guide in requesting assistance from the regional or state level regarding complex case issues.

County Level

___ Inter-Agency Team Meeting(s) Held

An Inter-Agency Team Meeting involves the child (if age appropriate); family members/guardians of the child; and **all** appropriate individuals at the County-level (e.g.,

CASSP Coordinator, Caseworkers from MH-MR, Children and Youth Services, Juvenile Justice, Early Intervention and Education). Field Office Staff and other State level individuals, as identified, may be included in the initial or subsequent Inter-Agency Team Meetings

Result of Inter-Agency Team Meeting:
(check any that apply)

- Resources are discussed and next steps cannot be identified
- Placement options cannot be identified
- The team/family/child cannot reach a placement agreement
- Difficulty recruiting representation from needed offices
- Funding sources cannot be identified and/or resolved in a blended, braided or shared manner
- Complaint regarding a youth placement to a state level office

If an interagency meeting has been held with **all** agencies/individuals involved in the case and one or more of the conditions above is keeping the case from being resolved, then any county agency should contact the appropriate regional office for assistance

Regional/State Level

In order to refer a complex case for regional or state office assistance around funding and appropriate placement options the county agency should include the following information:

- If a county is requesting funding assistance please include a listing of the current funding source(s) and list any other funding sources that have been explored.
- If a county is requesting referral assistance in order to locate appropriate community or residential services, please include a listing of placements already explored and outcomes related to those placement attempts.

Complex Case Level

If all other avenues have been explored, a referral can be made to the Department Complex Case Review Coordination Team through the regional office or state headquarters staff. Only cases meeting one of the following criteria are appropriate for referral to the Complex Case Review Coordination Team

_____ The resolution involves a clinically appropriate solution that requires support from multiple program offices or agencies.

_____ The funding solution comes from multiple sources; which may include external entities.

_____ The case involves a child aging out of a program where of the case includes additional complexity that renders them unresolvable through the established county / state coordination processes.

Questions regarding this bulletin should be directed to the appropriate DPW regional office. Regional offices can also serve as referral entities for state assistance, including cases that need to be escalated to the Complex Case Review Coordination Team.

Office of Children Youth and Families:

Western Region: 412-565-2339

Central Region: 717-772-7702

Northeast Region: 560-963-4376

Southeast Region: 215-560-2249

Office of Mental Health and Substance Abuse Services:

Western Region: 412-880-0369

Central Region: 717-705-8395

Northeast Region: 570-963-4335

Southeast Region: 610-313-5844

Office of Developmental Programs:

Western Region: 412-565-5144

Central Region: 717-772-6507

Northeast Region: 570-963-4749

Southeast Region: 215-560-2245